



## ACCREDITATION MERCHANDISE ORDER FORM

Agency Name \_\_\_\_\_

Ship-to Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Billing Address (unless same as above) \_\_\_\_\_

### Accreditation Window Clings Order

Quantity needed \_\_\_\_\_

\$1/each

Total Clings Order \$ \_\_\_\_\_

### Accreditation Golf Shirts Order

\$30/each

Sizes List # needed

Small \_\_\_\_\_

Medium \_\_\_\_\_

Large \_\_\_\_\_

XL \_\_\_\_\_

XXL \_\_\_\_\_

Total Shirt Order \$ \_\_\_\_\_ (+ \$5 for shipping & handling)

Ordered by \_\_\_\_\_ (name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please invoice me for the order.

Fax completed order forms to (615) 244-0057 or email to [alice@tacp.org](mailto:alice@tacp.org)